

# City of Ladue

## Plumbing and Drainlaying Permit Application

Date: \_\_\_\_\_

Work being done for: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address where work is to be done: \_\_\_\_\_

Master Plumber and/or Drainlayer: \_\_\_\_\_

Type of Work: (Check all that apply)

Fixtures: \_\_\_\_\_ Water Tap: \_\_\_\_\_ Drainlaying: \_\_\_\_\_ Backflow Preventor: \_\_\_\_\_

Sewer: \_\_\_\_\_ (# of feet of sewer from 3 ft. outside foundation wall to City Sewer)

Other: \_\_\_\_\_

Excavation:

Public Street: \_\_\_\_\_ Private Street: \_\_\_\_\_

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I agree to do all of the above work in strict accordance with the City Ordinance and the BOCA National Plumbing Code 1990. I hereby certify that no roof water or surface water will be connected to the sanitary sewer at any point.

Plumbing Contractor: \_\_\_\_\_ County Plumbing # P \_\_\_\_\_

\_\_\_\_\_ County Drainlaying # D \_\_\_\_\_

\_\_\_\_\_ County Water Htr. # W \_\_\_\_\_

Telephone Number: (\_\_\_\_\_) \_\_\_\_\_ Ladue License # L \_\_\_\_\_

Fax Number: (\_\_\_\_\_) \_\_\_\_\_

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Office Use Only:

Permit No. \_\_\_\_\_ Date: \_\_\_\_\_ Permit Fee: \_\_\_\_\_ Inspection Fee: \_\_\_\_\_

License No: \_\_\_\_\_ License Fee: \_\_\_\_\_

Approved: \_\_\_\_\_ Date: \_\_\_\_\_

Conditions: \_\_\_\_\_